

Complete Summary

GUIDELINE TITLE

Parameter on plaque-induced gingivitis.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on plaque-induced gingivitis. J Periodontol 2000 May; 71(5 Suppl):851-2. [15 references]

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Plaque-induced gingivitis

GUIDELINE CATEGORY

Assessment of Therapeutic Effectiveness
 Evaluation
 Treatment

CLINICAL SPECIALTY

Dentistry

INTENDED USERS

Dentists

GUIDELINE OBJECTIVE(S)

To provide a parameter on plaque-associated gingivitis in the absence of clinical attachment loss.

TARGET POPULATION

Individuals with plaque-induced gingivitis

INTERVENTIONS AND PRACTICES CONSIDERED

1. Patient education and customized oral hygiene instruction
2. Debridement of tooth surfaces
3. Antimicrobial and antiplaque agents or devices
4. Correction of plaque-retentive factors
5. Surgical correction of gingival deformities

MAJOR OUTCOMES CONSIDERED

Response to therapy, as noted by:

- changes in gingival inflammation
- stability of clinical attachment levels
- changes in plaque level

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Approved by the Board of Trustees, American Academy of Periodontology, May 1998.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Therapeutic Goals

The therapeutic goal is to establish gingival health through the elimination of the etiologic factors; e.g. plaque, calculus, and other plaque-retentive factors.

Treatment Considerations

Contributing systemic risk factors may affect treatment and therapeutic outcomes for plaque-induced gingivitis. These may include diabetes, smoking, and certain periodontal bacteria, aging, gender, genetic predisposition, systemic diseases and conditions (immunosuppression), stress, nutrition, pregnancy, substance abuse, human immunodeficiency virus (HIV) infection, and medications.

A treatment plan for active therapy should be developed that may include the following:

1. Patient education and customized oral hygiene instruction.
2. Debridement of tooth surfaces to remove supra- and subgingival plaque and calculus.
3. Antimicrobial and antiplaque agents or devices may be used to augment the oral hygiene efforts of patients who are partially effective with traditional mechanical methods.

4. Correction of plaque-retentive factors such as: over-contoured crowns, open and/or overhanging margins, narrow embrasure spaces, open contacts, ill-fitting fixed or removable partial dentures, caries, and tooth malposition.
5. In selected cases, surgical correction of gingival deformities that hinder the patient's ability to perform adequate plaque control may be indicated.
6. Following the completion of active therapy, the patient's condition should be evaluated to determine the course of future treatment.

Outcomes Assessment

1. Satisfactory response to therapy should result in significant reduction of clinical signs of gingival inflammation, stability of clinical attachment levels, and reduction of clinically-detectable plaque to a level compatible with gingival health. An appropriate initial interval for follow up care and prophylaxis should be determined by the clinician.
2. If the therapy performed does not resolve the periodontal condition, there may be: continuation of clinical signs of disease (bleeding on probing, redness, swelling, etc.) with possible development of gingival defects such as gingival clefts, gingival craters, etc., and possible progression to periodontitis with associated attachment loss.
3. Factors which may contribute to the periodontal condition not resolving include lack of effectiveness and/or patient non-compliance in controlling plaque, underlying systemic disease, presence of supra- and/or subgingival calculus, restorations which do not permit sufficient control of local factors, patient noncompliance with prophylaxis intervals, mental and/or physical disability.
4. In the management of patients where the periodontal condition does not respond, treatment may include additional sessions of oral hygiene instruction and education, additional or alternative methods and devices for plaque removal, medical/dental consultation, additional tooth debridement, increasing the frequency of prophylaxis, microbial assessment, and continuous monitoring and evaluation to determine further treatment needs.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Establishment of gingival health through elimination of the etiologic factors (e.g., plaque, calculus, and other plaque-retentive factors).

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

1. Each parameter should be considered in its entirety. It should be recognized that adherence to any parameter will not obviate all complications or post-care problems in periodontal therapy. A parameter should not be deemed inclusive of all methods of care or exclusive of treatment appropriately directed to obtain the same results. It should also be noted that these parameters summarize patient evaluation and treatment procedures which have been presented in more detail in the medical and dental literature.
2. It is important to emphasize that the final judgment regarding the care for any given patient must be determined by the dentist. The fact that dental treatment varies from a practice parameter does not of itself establish that a dentist has not met the required standard of care. Ultimately, it is the dentist who must determine the appropriate course of treatment to provide a reasonable outcome for the patient. It is the dentist, together with the patient, who has the final responsibility for making decisions about therapeutic options.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Academy of Periodontology. Parameter on plaque-induced gingivitis. J Periodontol 2000 May; 71(5 Suppl):851-2. [15 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1996 Oct (revised 2000 May)

GUIDELINE DEVELOPER(S)

American Academy of Periodontology - Professional Association

SOURCE(S) OF FUNDING

American Academy of Periodontology

GUIDELINE COMMITTEE

Ad Hoc Committee on Parameters of Care

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline. It is an update of a previously issued document (Parameters of care. Chicago (IL): American Academy of Periodontology; 1996 Oct. 6-8 [11 references]).

This publication has been edited to reflect decisions by the Board of Trustees in approving the term "periodontal maintenance" in lieu of "supportive periodontal therapy" (January 2000) and a new classification of periodontal diseases, as published in the Annals of Periodontology, December 1999; Volume 4, Number 1 (April 2000).

An update is not in progress at this time.

GUIDELINE AVAILABILITY

The complete set (13 parameters) of the American Academy of Periodontology Parameters of Care can be downloaded from the Academy's Web site. An Adobe Acrobat Reader is required to download the publication.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

AVAILABILITY OF COMPANION DOCUMENTS

This is one of 13 practice parameters available in the American Academy of Periodontology Parameters of Care. This journal supplement includes a Foreword and an Overview.

To access the Academy's Web site, go to www.perio.org. To access a copy of the Parameters of Care, go to www.perio.org/resources-products/pdf/parameters.pdf.

PATIENT RESOURCES

None available

NGC STATUS

This is an update of a previously issued summary that was originally completed by ECRI on March 25, 1999, was verified by the guideline developer on April 26, 1999, and was published to the NGC Web site in May 1999. The updated summary was verified by the guideline developer as of October 17, 2000.

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